

Geriatric psychiatry: understanding the mental health needs of older adults.

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Introduction

As the global population continues to age, the need for specialized healthcare for older adults becomes increasingly important. Among the various medical disciplines, **geriatric psychiatry** has emerged as a critical field that addresses the unique mental health needs of the elderly. Geriatric psychiatry is a sub-specialty of psychiatry that focuses on the diagnosis, treatment, and prevention of mental health disorders in aging individuals. These disorders can significantly impact an older person's quality of life, independence, and overall well-being.

This article delves into the complexities of geriatric psychiatry, highlighting common mental health conditions affecting older adults, the challenges in diagnosis and treatment, and the importance of comprehensive care.

The growing importance of geriatric psychiatry

The number of elderly people worldwide is rising rapidly due to advancements in healthcare, improved living conditions, and declining birth rates. According to the World Health Organization (WHO), by 2050, the global population aged 60 years and older is expected to reach 2.1 billion, up from 1 billion in 2020. This demographic shift presents a challenge for healthcare systems, which must adapt to meet the growing demand for geriatric care, including mental health services.

Older adults face unique psychological, emotional, and cognitive changes that differ from those seen in younger populations. These changes, coupled with the higher prevalence of chronic health conditions, make geriatric psychiatry an essential component of comprehensive healthcare for the elderly.

Common Mental Health Disorders in Older Adults

Older adults are at increased risk for a variety of mental health disorders. Some conditions are directly related to the aging process, while others may result from the challenges that come with growing older, such as loneliness, bereavement, and physical illness.

1. Depression in older adults

Depression is one of the most common psychiatric disorders among older adults. Although depression can occur at any age, its presentation in the elderly may differ from that seen in younger individuals. Symptoms in older adults may be more subtle and include physical complaints, fatigue, and cognitive difficulties rather than overt sadness. Furthermore, depression

in older adults is often overlooked or misattributed to aging or physical health problems.

Depression in the elderly can be triggered by a variety of factors, including chronic illness, loss of loved ones, social isolation, and changes in living arrangements. It is also commonly associated with other conditions, such as dementia and Parkinson's disease, making diagnosis and treatment more complicated.

2. Cognitive disorders and dementia

Cognitive decline is a normal part of aging, but when it becomes severe enough to interfere with daily functioning, it may be indicative of a cognitive disorder such as **dementia**. Alzheimer's disease is the most common cause of dementia, affecting millions of older adults worldwide. Other forms of dementia include vascular dementia, Lewy body dementia, and frontotemporal dementia.

The symptoms of dementia include memory loss, confusion, difficulty with language, and impaired judgment. As the disease progresses, individuals may become unable to perform basic activities of daily living, such as dressing, feeding, and bathing themselves. The impact of dementia on patients and their families is profound, often leading to emotional distress, caregiver burden, and significant lifestyle changes.

3. Anxiety disorders

Anxiety disorders, including generalized anxiety disorder (GAD), panic disorder, and social anxiety disorder, are also common in older adults. The aging process, physical health challenges, and the fear of losing independence can contribute to heightened anxiety. The prevalence of anxiety disorders increases in older individuals with chronic health conditions, such as heart disease or diabetes, and those with a history of anxiety in earlier life.

In addition, some older adults may experience **late-life anxiety**, which can be linked to the life stage, including concerns about mortality, financial security, and the loss of loved ones.

4. Psychosis and delirium

Psychosis, characterized by hallucinations, delusions, and a loss of contact with reality, can occur in older adults, particularly in the context of dementia, Parkinson's disease, or substance abuse. Delirium, a sudden onset of confusion and disorientation, is also common in the elderly, especially following surgery, hospitalizations, or infections. Delirium

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often resolves once the underlying cause is treated, but it can be a precursor to long-term cognitive decline in some cases.

5. Bipolar disorder

Though less common than depression, bipolar disorder can also affect older adults. The presentation of bipolar disorder in older age can be more complex, with symptoms overlapping with other conditions such as dementia, making accurate diagnosis more difficult. In older adults, bipolar disorder often presents with a depressive phase, and symptoms of mania may be less pronounced.

Challenges in diagnosing and treating geriatric psychiatric disorders

1. Complex co-existing health conditions

Older adults often live with multiple chronic medical conditions, including heart disease, diabetes, and arthritis. These physical health issues can complicate the diagnosis and treatment of psychiatric disorders. Symptoms of mental illness, such as fatigue or sleep disturbances, may be mistakenly attributed to physical health problems, leading to underdiagnosis or misdiagnosis of mental health conditions.

In addition, medications prescribed for physical illnesses can interact with psychiatric medications, leading to side effects or exacerbating mental health symptoms. Careful management and coordination between medical professionals are essential to ensure effective treatment for elderly patients with coexisting conditions.

Approaches to treatment and care

1. Psychopharmacology

Medications can be an important part of treating geriatric psychiatric conditions. Antidepressants, anti-anxiety medications, mood stabilizers, and antipsychotic drugs are commonly prescribed, depending on the specific diagnosis. However, care must be taken when prescribing medications to older adults, as they may have a heightened sensitivity to certain drugs and are at increased risk of side effects such as sedation, falls, and confusion.

For example, selective serotonin reuptake inhibitors (SSRIs) are often used to treat depression in the elderly because they tend to have fewer side effects compared to older antidepressants. Similarly, non-benzodiazepine anxiolytics may be preferred over benzodiazepines, which can cause sedation and increase the risk of falls in older adults.

Conclusion

Geriatric psychiatry is an essential and rapidly growing

field that addresses the unique mental health needs of older adults. As the population of elderly individuals continues to rise, understanding and treating mental health conditions in this demographic will be increasingly important. By focusing on early diagnosis, personalized treatment plans, and holistic care, geriatric psychiatry can help improve the quality of life for older adults, enabling them to age with dignity and maintain their independence.

References

1. Calonje JE, Brenn T, Lazar AJ, et al. *McKee's Pathology of the Skin, 2 Volume Set E-Book*. Elsevier Health Sciences; 2018.
2. Duh EJ, Sun JK, Stitt AW. Diabetic retinopathy: current understanding, mechanisms, and treatment strategies. *JCI insight*. 2017;2(14).
3. Ford-Martin P, Baker J. *The Everything Guide to Managing Type 2 Diabetes: From Diagnosis to Diet, All You Need to Live a Healthy, Active Life with Type 2 Diabetes-Find Out What Type 2 Diabetes Is, Recognize the Signs and Symptoms, Learn How to Change Your Diet and Discover the Latest Treatments*. Simon and Schuster; 2012.
4. Kuo JZ, Wong TY, Rotter JJ. Challenges in elucidating the genetics of diabetic retinopathy. *JAMA ophthalmology*. 2014;132(1):96-107.
5. Rehman R, Sheikh A, editors. *Polycystic Ovary Syndrome-E-Book: Basic Science to Clinical Advances Across the Lifespan*. Elsevier Health Sciences; 2022.
6. Sivaprasad S, Sen S, Cunha-Vaz J. Perspectives of diabetic retinopathy—challenges and opportunities. *Eye*. 2023;37(11):2183-91.
7. Stephenson S. *Vibrant: A Groundbreaking Program to Get Energized, Own Your Health, and Glow*. BenBella Books; 2021.
8. Stitt AW, Curtis TM, Chen M, et al. The progress in understanding and treatment of diabetic retinopathy. *Prog Retin Eye Res*. 2016;51:156-86.
9. Stitt AW, Lois N, Medina RJ, et al. Advances in our understanding of diabetic retinopathy. *Clinical science*. 2013;125(1):1-7.
10. Wright H. *The PCOS diet plan: A natural approach to health for women with polycystic ovary syndrome*. Ten Speed Press; 2017 May 2.